PRINTED: 04/23/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2630AGC 01/27/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6259 DUNDEE PORT GUARDIAN ANGEL GROUP HOME** LAS VEGAS, NV 89110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/27/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and persons with mental illness, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and seven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified: Y 100 449.200(1)(a) Personnel File - Employee Info Y 100 SS=E NAC 449.200

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by:

1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee.

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Bureau of Health Care Quality and Compliance

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB | | (X2) MULTIF A. BUILDING B. WING | PLE CONSTRUCTION | (X3) DATE SU COMPLE | TED |
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| Y 100 Y 105 SS=F | Based on observation the facility failed to en a separate personnel employee's name, and social security nu and #7). 449.200(1)(f) Personnel NAC 449.200 1. Except as otherwise a separate personnel member of the staff of | e 1 met as evidenced by: n and interview on 1/27 nsure 3 of 8 employees I file that contained the ddress, telephone numb umber (Employees #2, nel File - Background C se provided in subsection I file must be kept for exist a facility and must incliance with NRS 449.17 | had per #6 Check on 2, ach clude: | Y 100 | | | |
| Y 434 SS=E | Based on record revirfailed to ensure 7 of 8 check requirements (#5, #7 and #8). Severity: 2 Scope: 449.229(3) Emergence NAC 449.229 3. A drill for evacuation monthly on an irregul record of each drill m | | lity round #4, ten e | Y 434 | | | |

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FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING _ NVS2630AGC 01/27/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6259 DUNDEE PORT GUARDIAN ANGEL GROUP HOME** LAS VEGAS, NV 89110

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| Y 434 | Continued From page 2 | Y 434 | | |
| | This Regulation is not met as evidenced by: Based on record review on 1/27/10, the facility did not ensure that monthly evacuation drills v conducted on an irregular schedule for the pa of 12 months (September, October, November and December of 2009). | vere st 4 | | |
| | Severity: 2 Scope: 2 | | | |
| Y 444 SS=F | 449.229(9) Smoke Detectors | Y 444 | | |
| | NAC 449.229 9. Smoke detectors must be maintained in properating conditions at all times and must be tested monthly. The results of the tests pursu to this subsection must be recorded and maintained at the facility. | | | |
| | This Regulation is not met as evidenced by: Based on record review on 1/27/10, the facility did not ensure smoke detectors were tested 5 of the past 12 months (August, September, October, November and December of 2009). | · | | |
| | Severity: 2 Scope: 3 | | | |
| Y 450 SS=D | 449.231(1) First Aid and CPR | Y 450 | | |
| | NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The | | | |

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(3) The date and time that a resident refuses,

or otherwise misses, an administration of

(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.

administered:

medication; and

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of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has

been provided a key.

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